RIVERS BEND HEALTH & REHABILITATION

960 SOUTH RAPIDS ROAD

MANITOWOC 54220	Phone: (920) 684-114	4	Ownership:	Corporation
Operated from 1/1 To	12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction	with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up a	nd Staffed (12/31/05):	100	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capa	city (12/31/05):	100	Title 19 (Medicaid) Certified?	Yes
Number of Residents on	12/31/05:	98	Average Daily Census:	98

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%				
Primary Diagnosis	8	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	40.8 42.9	
Developmental Disabilities	0.0	Under 65	4.1	More Than 4 Years	16.3	
Mental Illness (Org./Psy)	10.2	65 - 74	9.2	İ		
Mental Illness (Other)	0.0	75 - 84	40.8	İ	100.0	
Alcohol & Other Drug Abuse	0.0	85 - 94	37.8			
Para-, Quadra-, Hemiplegic	95 & Over	8.2	8.2 Full-Time Equivalent			
Cancer	0.0			Nursing Staff per 100 Resid	dents	
Fractures	11.2	İ	100.0	(12/31/05)		
Cardiovascular	12.2	65 & Over	95.9			
Cerebrovascular	6.1			RNs	11.3	
Diabetes	1.0	Gender	%	LPNs	5.8	
Respiratory	15.3			Nursing Assistants,		
Other Medical Conditions	42.9	Male	29.6	Aides, & Orderlies	32.7	
		Female	70.4			
	100.0	j		į		
		j	100.0	j		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	L		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	8	11.6	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	8.2
Skilled Care	16	100.0	342	61	88.4	127	0	0.0	0	13	100.0	200	0	0.0	0	0	0.0	0	90	91.8
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		69	100.0		0	0.0		13	100.0		0	0.0		0	0.0		98	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	d Activities as of 12,	/31/05			
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.0		81.6	16.3	98
Other Nursing Homes	2.5	Dressing	11.2		75.5	13.3	98
Acute Care Hospitals	87.3	Transferring	19.4		66.3	14.3	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.4		67.3	13.3	98
Rehabilitation Hospitals	0.0	Eating	66.3		13.3	20.4	98
Other Locations	0.0	******	* * * * * * * * * * * * * * *	*****	******	******	******
otal Number of Admissions	157	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.1	Receiving Resp	iratory Care	11.2
Private Home/No Home Health	42.8	Occ/Freq. Incontiner	nt of Bladder	55.1	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	46.9	Receiving Suct	ioning	1.0
Other Nursing Homes	6.3				Receiving Osto	my Care	5.1
Acute Care Hospitals	17.0	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.1	Receiving Mech	anically Altered Diets	22.4
Rehabilitation Hospitals	0.0						
Other Locations	11.3	Skin Care			Other Resident C	haracteristics	
Deaths	22.6	With Pressure Sores		8.2	Have Advance D	irectives	91.8
otal Number of Discharges		With Rashes		6.1	Medications		
(Including Deaths)	159	İ			Receiving Psyc	hoactive Drugs	69.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	******	*****	*****	*****	*****	*****	*****	*****	*****	
		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Pro	prietary	100	-199	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Faci	lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	86.8	1.13	88.8	1.10	88.3	1.11	88.1	1.11	
Current Residents from In-County	94.9	76.7	1.24	81.0	1.17	70.5	1.35	77.6	1.22	
Admissions from In-County, Still Residing	23.6	16.9	1.40	23.7	0.99	20.5	1.15	18.1	1.30	
Admissions/Average Daily Census	160.2	168.8	0.95	124.7	1.28	123.5	1.30	162.3	0.99	
Discharges/Average Daily Census	162.2	172.6	0.94	127.4	1.27	126.7	1.28	165.1	0.98	
Discharges To Private Residence/Average Daily Census	69.4	69.5	1.00	53.4	1.30	50.1	1.38	74.8	0.93	
Residents Receiving Skilled Care	100	95.0	1.05	96.8	1.03	94.1	1.06	92.1	1.09	
Residents Aged 65 and Older	95.9	92.7	1.03	92.1	1.04	92.5	1.04	88.4	1.09	
Title 19 (Medicaid) Funded Residents	70.4	67.3	1.05	68.7	1.02	70.2	1.00	65.3	1.08	
Private Pay Funded Residents	13.3	18.0	0.74	18.5	0.72	19.0	0.70	20.2	0.66	
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.5	0.00	5.0	0.00	
Mentally Ill Residents	10.2	29.4	0.35	38.6	0.26	37.2	0.27	32.9	0.31	
General Medical Service Residents	42.9	28.0	1.53	24.6	1.74	23.8	1.80	22.8	1.88	
Impaired ADL (Mean)	46.1	48.0	0.96	48.5	0.95	47.2	0.98	49.2	0.94	
Psychological Problems	69.4	53.5	1.30	57.4	1.21	58.9	1.18	58.5	1.19	
Nursing Care Required (Mean)	7.1	6.8	1.05	7.1	1.00	7.1	1.00	7.4	0.96	